



small characters

Before & After School Registration

Child's Name: _____ Age: _____ Grade: _____

Child's Name: _____ Age: _____ Grade: _____

School: Hutchinson Golden View Kendrick Lakes

Parent/Guardian Name: _____ Phone Number: _____

Contact Email Address: _____

Parent/Guardian Name: _____ Phone Number: _____

Contact Email Address: _____

Care Needed:

Before School Care: After School Care: Before/After Care:

Days Needed:

Monday: Tuesday: Wednesday: Thursday: Friday:

Please Check if you would like to charge a Credit Card that is on file for enrollment fee

* Registration is subject to change

For Staff Only:

Enrollment Paperwork (3 pages) Immunization Record Physician Report

Registration Fee \$100 Single/\$150 Family Registration Form

Staff Name: _____